

REVIEWER CONFLICT OF INTEREST AND CONFIDENTIALITY CERTIFICATION FOR NON-GOVERNMENTAL PEER REVIEWERS FOR THE BROADBAND TECHNOLOGY OPPORTUNITIES PROGRAM

1. Confidentiality of Documents and Restriction on Contact.

I understand that the Broadband Technology Opportunities Program (BTOP) applications for proposed awards are made available to reviewers solely for the purpose of reviewing those applications against the published evaluation criteria for the financial assistance program.

I agree not to share any nonpublic information learned during the course of my review about BTOP or BTOP applications with any third party or to discuss the contents of any BTOP application outside the Department during or after the review process. I will only discuss the proposals within the Department with the other reviewers and Department staff members and in the context of, and under the procedures for, BTOP application review. I agree to follow the written instructions provided by the Department for the completion of review forms. I also agree to retain no copies of documents or parts of documents relative to this review, including notes or other documents that I create.

I further agree not to contact the originators of applications being reviewed concerning any aspect of their contents. In addition, I agree not to use any information obtained as a result of my participation as a panel member for personal or private gain. Specifically, I agree not to provide advice on or to participate in the preparation of any BTOP grant application for any party, including any existing or future employer, or on a consultancy basis.

2. Conflict of Interest.

I hereby certify that, to the best of my knowledge, I do not have a financial conflict of interest and that my particular circumstances are not likely to raise the appearance of a financial conflict of interest, impropriety, or the appearance of impairment of objectivity with respect to any BTOP application I am asked to review or on which I am asked to comment.

For purposes of this agreement, I understand that a financial conflict of interest may arise from my employment, stock ownership, a creditor or debtor relationship, or prospective employment with an applicant. An appearance of impairment of objectivity could result from, an organizational conflict of interest where, because of other activities or relationships with other persons or entities, I am unable or potentially unable to render impartial assistance or advice to the Government. It could also result from a non-financial gain to me or other persons or entities, such as benefit to reputation or prestige in a professional field.

I also recognize that I will be considered to have a financial or other interest, and therefore a conflict of interest, if any of the following persons or entities has a financial or other interest in a BTOP application I am asked to review or comment on:

- (1) I, my spouse, minor child, or general partner;
- (2) A profit or nonprofit organization in which I serve as an officer, director, trustee, general partner, or employee; or
- (3) Any person or organization with which I am negotiating or have an arrangement concerning employment, including consultancy, or a past employer (within the last year).

I understand that my status as a reviewer shall not preclude my employer from applying for BTOP funds. I understand and agree that I will not serve as a reviewer on any BTOP application filed for a project in a State in which my employer has applied for a BTOP grant, and if my employer is a broadband service provider, I will not serve as a reviewer on any BTOP application filed by an entity located within a State in which my employer is located or does business whether or not my employer has filed a BTOP application.

I recognize that this certification is a continuing representation. I acknowledge that it is in effect at all times until I have completed all of the work performed by me under this agreement.

If I discover that I might have a conflict of interest, might present a conflict of interest, or might have an appearance of impairment of objectivity with any application within the competition, I will immediately inform the appropriate Program official and refrain from further Work as a reviewer until authorized to continue.

I also understand that my views as a non Governmental peer reviewer will be protected from disclosure to the extent permitted by law.

Name: _____

Signature: _____ Date: _____